

# SPONSORSHIP APPLICATION

2009 MONTANA GOVERNOR'S CONFERENCE ON TOURISM & RECREATION

March 30-31, 2009

## Sponsor Registration

\_\_\_\_\_  
**Company Name** (Please type or print)

\_\_\_\_\_  
**Contact Name**

\_\_\_\_\_  
**Address**

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_ **Web Address** \_\_\_\_\_

*Address for Listing in Conference Notebook (if different from above):*

\_\_\_\_\_  
**Address**

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_ **Web Address** \_\_\_\_\_

## Sponsorship Levels

**Representative(s) attending conference** - as name(s) should appear on name badge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsorship level** and item or event you wish to sponsor (see attached information):

<b>Level</b>	<b>Item or Event</b>
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_____	_____
_____	_____
_____	_____

## Sponsor Promotional Information

Please provide your business/organization logo in electronic format for use in the conference agenda booklet, on the conference website and during appropriate conference session presentations.

**Email your logo to: [skopec@rmsmanagement.com](mailto:skopec@rmsmanagement.com)**

Applications and logos received by **Friday, January 30** will ensure your listing/logo will be included in a pre-conference mailer, on the conference website, in conference agenda booklet and conference attendee list, and during appropriate conference presentations.

Applications and logos received by **Friday, February 20** will ensure your listing/logo will be included on the conference website, conference attendee list and during appropriate conference presentations.

**Make all checks payable to and send application to:**

Governor's Conference on Tourism & Recreation  
c/o RMS Management Services  
36 South Last Chance Gulch, Suite A  
Helena, MT 59601

Phone: 406-443-1160 Fax: 406-443-4614

Email: [skopec@rmsmanagement.com](mailto:skopec@rmsmanagement.com)

## Method of Payment

☐ Check Enclosed (amount) \$ \_\_\_\_\_

☐ Visa (amount) \$ \_\_\_\_\_

☐ MasterCard (amount) \$ \_\_\_\_\_

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date      Card Auth. Code

\_\_\_\_\_  
Cardholder's Name (Print clearly)

\_\_\_\_\_  
Cardholder's Billing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Cardholder's Signature